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**\*BIBDATASHEET\***

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**CONFIRMATION NO. 3417**

SERIAL NUMBER 10/637,135	FILING DATE 08/08/2003	CLASS 137	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. TOMZ 2 00428
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**APPLICANTS**

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and claims benefit of 60/421,730 10/28/2002**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 11/06/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Michael M. Meyer</i> Examiner's Signature	Initials			

**ADDRESS**

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**TITLE**

Modular air gap device and faucet including same

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of
FILING FEE FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT